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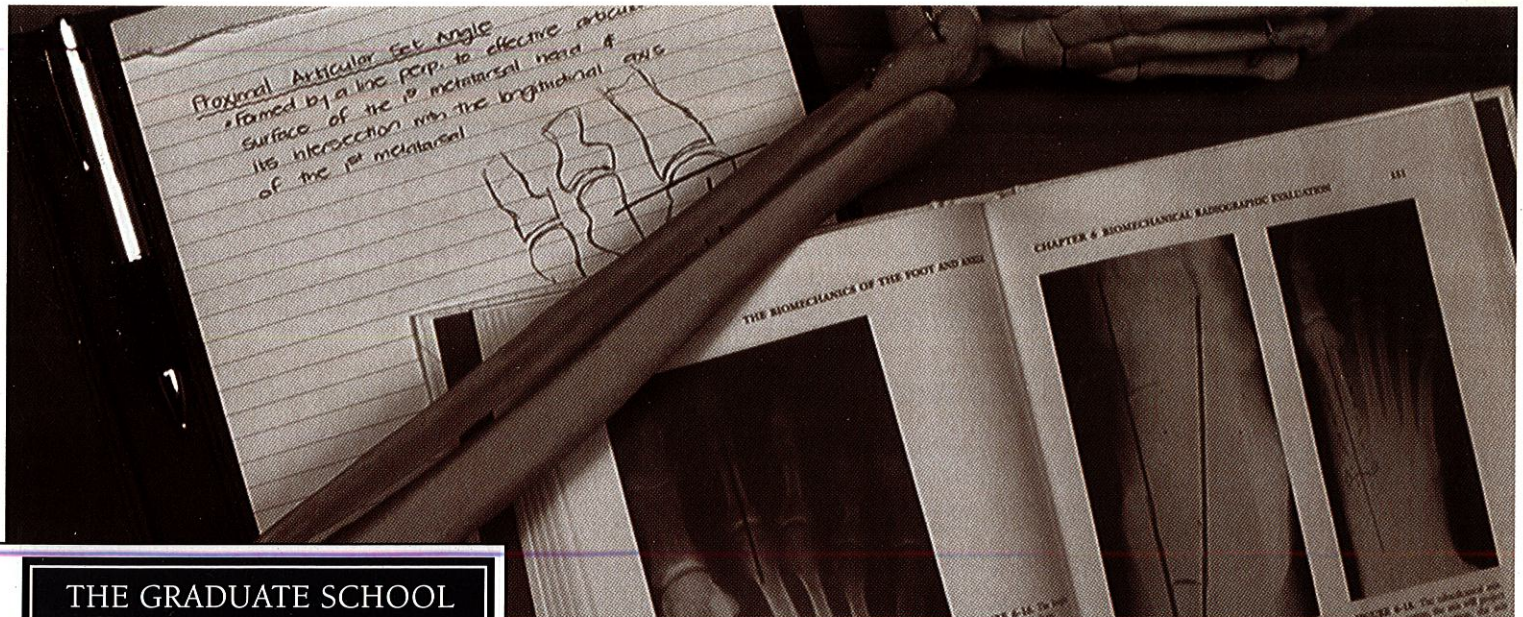
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Postprofessional Physical Therapist Programs

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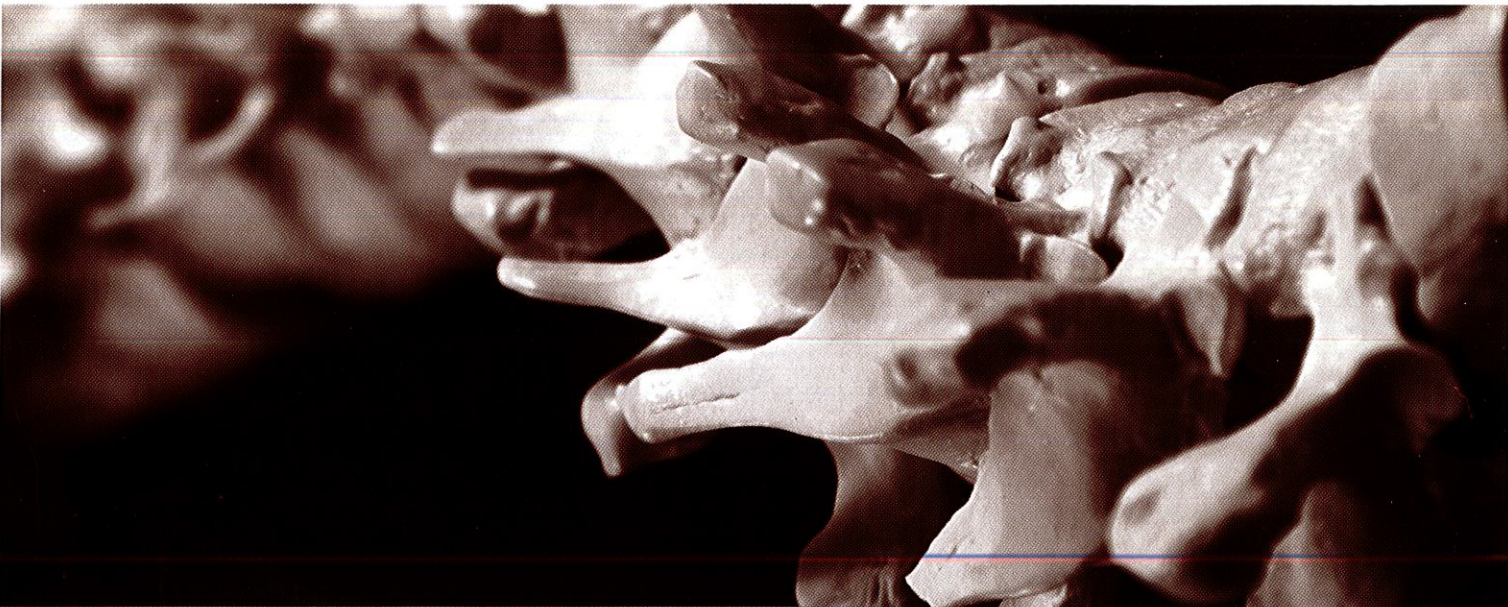


THE GRADUATE SCHOOL

Andrews  University

POSTPROFESSIONAL PHYSICAL THERAPIST PROGRAMS

Welcome to the Department of Physical Therapy at Andrews University. Our faculty, staff, and students are pleased that you are interested in a postprofessional Physical Therapist program. We offer two programs: a transitional Doctor of Physical Therapy (t-DPT) and a Doctor of Science in Physical Therapy (DScPT). As Physical Therapy (PT) is increasingly recognized as an essential and indispensable field of medicine, and as progressively more patients seek its benefits and healing, a clinical doctorate puts you on the front lines of a revolution in patient care. At Andrews we connect you with the comprehensive instruction, personal attention and interaction, spiritual emphasis, and supportive academic community that will help you further enhance and progress in your PT career.



TRANSITIONAL DOCTOR OF PHYSICAL THERAPY (t-DPT)

The t-DPT program is for practicing physical therapists wanting to transition to a DPT degree. Course work is completed primarily through independent study, with some intensive sessions on the Berrien Springs, Michigan campus. The t-DPT student will enhance his or her skills in medical screening, differential diagnosis, education, and research. This degree transitions the clinician to the academic standard of the entry-level DPT graduate. The t-DPT program offers:

➤ FREEDOM TO WORK WHILE EARNING YOUR DEGREE

The program is designed so students can continue working as physical therapists while completing the t-DPT degree.

➤ ACCELERATED PROGRAM for Dayton, Ohio MPT students

Andrews offers a seamless combined MPT and transitional Doctor of Physical Therapy (t-DPT). MPT students have the unique opportunity to combine these programs in an accelerated format. After completing the MPT program in Dayton, Ohio, students sit for board exams and become licensed clinicians, then complete the t-DPT program through the Berrien Springs, Michigan campus. The program is completed by a combination of distance learning and short-course format, so no relocation is necessary and students can continue to work as physical therapists while completing the t-DPT degree. Students are expected to attend three one-week long intensive courses on the Berrien Springs, Michigan campus for the didactic portion of this degree.

DOCTOR OF SCIENCE IN PHYSICAL THERAPY (DScPT)

The Doctor of Science in Physical Therapy (DScPT) is designed to enhance the skills of practicing physical therapists in the areas of orthopedic manual therapy. Andrews University is partnered with the North American Institute of Orthopedic Manual Therapy (NAIOMT) to provide the clinician with the skills to become a certified manual or manipulative therapist. This degree further enhances key areas such as medical screening, differential diagnosis, education, research, and clinical leadership. The DScPT program offers:

➤ FREEDOM TO WORK WHILE EARNING YOUR DEGREE

The program is designed so students can continue working as physical therapists while completing the DScPT degree.

➤ NAIOMT TRAINING

The North American Institute of Orthopedic Manual Training (NAIOMT) is one of the few programs offering a Fellowship program recognized by the American Academy of Orthopedic Manual Physical Therapy (AAOMPT). NAIOMT's Fellowship program was approved by AAOMPT in 1998 and credentialed by the APTA in 2000. AAOMPT is a member of the International Federation of Manual Therapists (IFOMT). Our degree represents one of the most clinically based programs in the country, as clinicians also earn certification as manual or manipulative therapists through NAIOMT or its equivalent. The NAIOMT training features nationally and internationally known instructors such as Erl Pettman, Jim Meadows, Cliff Fowler, and Diane Lee.

➤ MARKETABLE CREDENTIALS

Graduates of the DScPT program are able to market their services as specialists in musculoskeletal dysfunctions to physicians, insurance companies, and the general public. Holding a DScPT enhances graduates' ability to produce better outcomes, ensuring a higher rate of third party reimbursement for services, and allows clinicians to apply for faculty positions at entry-level DPT programs.

WHY A POSTPROFESSIONAL CLINICAL DEGREE IN PHYSICAL THERAPY

According to the American Physical Therapy Association (APTA), the projected future of the profession is that "by 2020, physical therapy will be provided by physical therapists who are doctors of physical therapy, recognized by consumers and other healthcare professionals as practitioners of choice to whom consumers have direct access for the diagnosis of, interventions for, and prevention of impairments, functional limitations, and disabilities related to movement, function, and health." Earning a clinical doctorate puts you on the cutting edge of this trend toward more autonomy in patient care.

CHOOSE ANDREWS UNIVERSITY

Andrews University meets the criteria of a quality program—a reputation of solid academics and a distinguished faculty—and offers practical degree options, an academic support system of peers and professors, and an emphasis on Christian values in healthcare. Our reputable academics have earned us rankings among the top 200 national colleges and universities (*U.S. News & World Report*) and the nation's 190 best science and math programs (Peterson's Top Colleges for Science Guide). Catering to all kinds of students and professionals, our program options allow you to earn the degree that best suits your interests, location, and plans for career advancement. At Andrews, we emphasize considerate, attentive treatment of all people, as our curriculum centers on the integration of science and the love of God into this highly sought, service-oriented profession.

HOW OUR PROGRAMS ARE STRUCTURED

The t-DPT and DScPT programs are structured to include a combination of short-course format sessions on our campus and independent study and distance learning sessions done at home. Each on campus session is 6 days, beginning on Sunday and ending on Friday. Each day of the session can consist of 9 contact hours. Independent study and distance learning sessions occur over a span of 3-4 months. These sessions consist of guided readings, projects, assignments, and examinations that are completed at home.

t-DPT Schedule

- Year 1 ➤ Two on-campus sessions
- Year 2 ➤ One on-campus session
 - Two independent study/distance learning sessions
 - Completion of Capstone project

DScPT Schedule

- Year 1 ➤ Four on-campus sessions
- Year 2 ➤ Two on-campus sessions
 - Two independent study/distance learning sessions
- Year 3 ➤ Two on campus sessions
 - Completion of elective options either through independent study/distance learning or on campus sessions*
 - Completion of Capstone project*
 - Completion of 60 hours of supervised clinical practice*
 - Completion of manual therapy certification*

*The student may work on all of these throughout the program and complete them at any time. Students have 6 years from the start of the program to fulfill all degree requirements.

COMPETENCY CREDIT

Students with relevant Masters degree course work, special certification(s), and/or continuing education experience may receive competency credits (see below for details). The maximum number of credits awarded through this process is 14 credits in the t-DPT program and 32 credits in the DScPT program.

➤ Masters degree

Students holding a Masters degree will have their transcripts evaluated for course work obtained in the Masters program that applies to the doctoral curriculum. Up to 12 credits can be transferred into the doctoral program in this manner.

➤ Certifications

Students holding certifications in manual therapy, OCS, ATC, certified strength and conditioning coach, acupuncture, massage therapy, aquatic therapy, and other areas can receive credit in the DScPT manual therapy curriculum and elective curriculum.

➤ Continuing education

For every 15 contact hours of approved continuing education, students can receive one elective credit. Proof of attendance is required and additional academic work may be assigned to complete the credit requirements.

WHEN TO ENTER THE PROGRAM

There are currently two entry points into both the t-DPT and DScPT programs. Students may enter in February/March or August/September of a given calendar year. The number of entry points is contingent upon there being an adequate number of students to begin a class. The minimum class size is 10, and the maximum class size is 26.

OUR POSTPROFESSIONAL DEGREES:

➤ Cater to experienced clinicians

Our degrees are competency and curriculum-based, allowing experienced clinicians to receive credit for previous achievements, like manual therapy certifications, ATC, OCS, and continuing education courses.

➤ Minimize time away from home

Our degrees are a combination of distance learning, independent study, and short course format. This allows you to complete most requirements from home while still gaining necessary didactic experience. It also allows you to continue working full-time while earning your degree.

➤ Offer a specialized faculty

Our faculty of nationally and internationally recognized healthcare providers have come together to ensure that you receive the highest quality curriculum and training.

➤ Provide cooperative learning

We emphasize noncompetitive learning, which reflects our Christian philosophy. Students and faculty work together, promoting an environment that is more like a family than a student body—small, caring, and dependable.



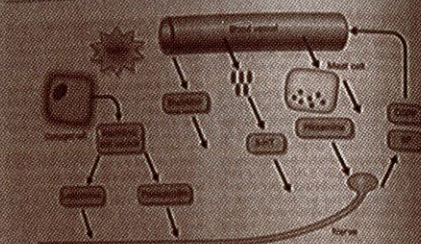


Figure 2.2 Chemical mediators contributing to peripheral sensitization (CGRP = calcitonin gene-related peptide; DR = substance P; 5-HT = serotonin). Adapted from Basbaum and Bickel, *Physiology of pain*, editors, 1992, and Basbaum, *Chronic Pain Management in Physical Therapy*, Boston, MA, Butterworth-Heinemann, 1997 with permission.

ing in distraction between thermal, mechanical and chemical sensitization in specific populations of nociceptors (Mazumoto & Kumazawa 1990). For example, prostaglandins may induce sensitization to chemical mediators at much lower concentrations than those required to induce sensitization to heat stimuli (Mazumoto & Kumazawa 1990). The vanilloid receptor TRPV1 has been identified as a specific molecular mechanism for thermal hyperalgesia in rodent models following capsaicin administration (Craze et al 1999).

Peripheral sensitization can be produced through a number of different mechanisms. It can occur because of a direct influence of mediators, such as proteins and secretions, on membrane ion channels, particularly sodium channels, to increase membrane permeability and cellular excitability (Dey 1995). It is also apparent that many mediators act indirectly via G-proteins and a variety of second messengers to induce changes in neuronal sensitivity. A range of chemical mediators play important roles in sensitization. The actions of these mediators normally fall into one of two categories: either direct activation of a nociceptive afferent, or sensitization so that subsequent stimulation leads to an enhanced response.

Inhibition of hyperpolarization

Another mechanism by which peripheral sensitization can occur is inhibition of the hyperpolarization that occurs after impulse generation. This slow after-depolarization limits the number of action potentials that can be generated following stimulation. Prostaglandins and bradykinin act to inhibit this phenomenon, allowing the neuron to fire repeatedly (Dey 1995). This may also be one of the mechanisms activated by serotonin (Dey 1996).

Indirect mechanisms

Sensitization following the release of cytokines and leukotrienes appears to occur via indirect mechanisms, whereby these agents stimulate other cells to release sensitizing agents. For example, leukotriene B₄ stimulates the release of 5X, 15d-PETE from leukocytes, and this then acts to sensitize polymodal nociceptors (Levine et al 1993). Some of these agents may also act to induce receptors for other inflammatory mediators (Rang & Upton 1990). In addition, Ca²⁺ and calmodulin can activate nitric oxide synthase to trigger the production of nitric oxide. Nitric oxide functions as a messenger between neurons and surrounding tissue. As it diffuses widely

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